

GREEN COUNTY/PLEASANT VIEW
Workers Compensation Claim Reporting Packet
CLAIM PROCEDURES for Aegis Corporation

Employee Instructions

1. If the **injury involved BACK, NECK, KNEES, SHOULDERS and/or HEAD** and requires medical treatment, the employee must immediately call the **County Mutual Care Line at 855-650-6580** and report the injury to the Care Line Nurse. **This is MANDATORY.**
2. Employee must immediately report the injury to their supervisor or to the RN supervisor.
3. Employee must complete the **Employee Information, Employment History and Accident Information** sections of page 2 and SIGN/Date and return to the Supervisor immediately. Even if not being seen by a dr.
4. Employee must complete the **RELEASE OF MEDICAL RECORDS AUTHORIZATION AND SIGN/DATE AT THE BOTTOM.** Give this form to the supervisor.
5. Employee will take the **ATTENDING PHYSICIAN'S RETURN TO WORK RECOMMENDATIONS RECORD** and present it to the physician, if a physician visit is warranted. Physician will complete the form and give it back to the employee. (Nurse practitioner or physician assistant are not acceptable, must be signed by a physician).
6. The employee will return the completed **ATTENDING PHYSICIAN'S RETURN TO WORK RECOMMENDATIONS RECORD** to their supervisor after the appointment who will fax a copy to Green County HR department immediately.

Supervisor Instructions

1. Supervisor will **complete**, in full detail, the **FIRST NOTIFICATION OF INJURY FORM**, sign/date and **send a copy to Jeremy Broge and fax/scan a copy to HR within 24 hours. (608-325-1162).**
2. Supervisor will complete the Employer section of page 2, **"To Be Completed by the Injured Employee"**
3. Supervisor will detach the page titled, **ATTENDING PHYSICIAN'S RETURN TO WORK RECOMMENDATIONS RECORD** and give it to the employee in the event that they see a physician. Instruct the employee that if and when they see a physician about this injury they are to report this to the supervisor and return the form immediately. (Remind them – must be signed by a physician only and not a nurse practitioner or physician assistant).
4. Supervisor will ask the employee to role play what they were doing when the injury occurred and demonstrate what happened.
5. Supervisor will ask if there were any witnesses to the incident. If so, obtain a written statement using the attached **WITNESS STATEMENT** form.
6. **Supervisor will retrieve the completed forms and WITHIN 24 HOURS send a copy to Jeremy Broge and fax a copy to Green County HR (608-325-1162).**
 - a. **"To Be Completed by the Injured Employee"** – completed by the employee/supervisor
 - b. **RELEASE OF MEDICAL RECORDS AUTHORIZATION** – signed by employee
 - c. **FIRST NOTIFICATION OF INJURY FORM** – completed by Supervisor
 - d. **Witness Statement – as appropriate** – completed by witness
7. Supervisor will have 3 business days to complete the **"Accident/Injury Interview Report"** and submit it to Jeremy Broge, Safety Officer.
8. If the Return to Work Recommendations identify restrictions, an appropriate light duty assignment will be prepared and issued to the employee and a copy kept in their file.

For questions call Green County Human Resources: 328-9645 or 328-9655
Green County HR Fax number: 608-325-1162